

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 3 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12065

Do not use this space.

1. PLACE OF DEATH

(a) County Platte
(b) Township Carroll
(c) City Platte City

Registration District No. 696
Primary Registration District No. 4418

Registered No. 7

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Georgia Ann Phillips
(a) Residence, No. Platte City, Missouri St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 4 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Mo.

13. NAME Lebon H. Whitacre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh, N. C.

15. MAIDEN NAME Sarah Fleming
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ada L. Milbourne
Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE Mar. 28, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. Rollins
Platte City, Mo.

20. FILED 3/28 1940 Mrs. Francis E. Murray
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/1940, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1939, to 3-27, 1940

I last saw her alive on 3-26, 1940 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Heart Block
Hepatic Cirrhosis
Chronic interstitial nephritis
Chronic myocardial degeneration

Date of onset
12-1-39
1-15-40
2-1-40

Other contributory causes of importance:

Name of operation none Date of 124B
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —

(Signed) Henry R. Pary M. D. O.
(Address) Platte City, Mo.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE APR 2 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. Benjamin Post, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

E. Benjamin Post

Licensed Embalmer No.

4059

P. O. Address.....

Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.